Schedule E)	INI EXI ENE	TI OTILO		PAGE 1 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Working America Coalition			С	C00620583
Check if 24-hour report 48-hour report	X New re	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Mosaic			09	/ 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		120.00
Cheverly	MD	20781		ID: D593902 pursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	09	01 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
CORTEZ MASTO, CATHERINE, , ,		Oppose	President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		15652.50	Disbursement For: 2016 Other (s	Primary x General specify) ▶
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Mosaic			09	14 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		360.00
Cheverly	MD	20781	Transaction Date of Disk	ID: D597696 oursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	M 09	12 / 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
CORTEZ MASTO, CATHERINE, , ,		Oppose	President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		15652.50	Disbursement For: 2016 Other (s	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures			480.00
				7- 1
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
King, Crystal, , ,	[Electro	nically Filed] Date	10 09	2016
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Schedule E)	LIVI EXI EIVE	TI OTILO		PAGE 2 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Working America Coalition			C	C00620583
Check if 24-hour report × 48-hour report	✗ New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Mosaic			09	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		1080.00
Cheverly	MD	20781	Transaction Date of Disbu	
Purpose of Expenditure Fliers		Category/ Type 004	M M 09	13 / 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
CORTEZ MASTO, CATHERINE, , ,		Oppose	President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	.,,	15652.50	Disbursement For: 2016 Other (sp	Primary ✗ General pecify) ▶
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Mosaic			09	23 / 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code	— I	1440.00
Cheverly	MD	20781	Transaction II Date of Disb	D: D600231 ursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	09	16 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
CORTEZ MASTO, CATHERINE, , ,		Oppose	President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		15652.50	Disbursement For: 2016 Other (s	Primary ✗ General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures			2520.00
//s) CURTOTAL of Unitersized Independent Firm			7	7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		• •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
King, Crystal, , ,	[Electro	nically Filed] Date	10 / 09	2016
Signature				

Schedule E)	LIVI EXI ENL	TI OTILO	PAGE 3 C FOR SE OF FOR	OF 7 RM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION N	UMBER ▼
Working America Coalition			C C00620583	
Check if 24-hour report 🗶 48-hour report	X New re	port Amends repo	rt filed on	Y = Y = Y
Full Name of Payee			Date of Public Distribution/Disse	emination
Mosaic			09 / D D / Y	2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		15.00
Cheverly	MD	20781	Transaction ID : D600160 Date of Disbursement or Obliga	ation
Purpose of Expenditure Fliers		Category/ Type 004	09 / D D / Y	^Y 2016
Name of Federal Candidate		x Support	Office Sought: House Distri	ct:
CORTEZ MASTO, CATHERINE, , ,		Oppose	President X Senate Sta	te: NV
Calendar Year-To-Date Per Election for Office Sought		15652.50	Disbursement For: Primary 2016 Other (specify) ▶	X General
Full Name of Payee			Date of Public Distribution/Disse	emination
Mosaic			09 / 23 / Y	2016 Y
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		15.00
Cheverly	MD	20781	Transaction ID : D600227 Date of Disbursement or Obliga	ation
Purpose of Expenditure Fliers		Category/ Type 004	09 / 20 / Y	2016
Name of Federal Candidate		x Support	Office Sought: House Distr	ict:
CORTEZ MASTO, CATHERINE, , ,		Oppose		ite: NV
Calendar Year-To-Date Per Election for Office Sought		15652.50	Disbursement For: Primary 2016 Other (specify) ▶	≭ General
(a) SUBTOTAL of Itemized Independent Expend	itures			30.00
			7 7	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
(c) TOTAL Independent Expenditures			•	-
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
King, Crystal, , ,	[Electro	nically Filed] Date	10 09 2016	Y
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Schedule E)	INT EXICITE	ATOTILO		PAGE 4 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Working America Coalition			С	C00620583
Check if 24-hour report 48-hour report	X New re	port Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Mosaic			M 09	30 / 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		1440.00
Cheverly	MD	20781		ID: D600920 ursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	09	27 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
CORTEZ MASTO, CATHERINE, , ,		Oppose	President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		15652.50	Disbursement For: 2016 Other (s	Primary ✗ General pecify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Mosaic			10	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		1440.00
Cheverly	MD	20781	Transaction I Date of Disb	D: D601188 oursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	09	29 / 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
CORTEZ MASTO, CATHERINE, , ,		Oppose	President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		15652.50	Disbursement For: 2016 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			2880.00
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	7
(c) TOTAL Independent Expenditures			•	79
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
King, Crystal, , ,	[Electro	nically Filed] Date	10 09	2016
Olynature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Mosaic	10 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	mount
City State Zip Code	120.00
Cheverly MD 20781 Tr	ransaction ID : D601311 ate of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 01 2016
Name of Federal Candidate Support Office So	ought: House District:
CORTEZ MASTO CATHERINE	esident Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ment For:
Full Name of Payee D	rate of Public Distribution/Dissemination
Mosaic	10 07 2016
Mailing Address 4801 Viewpoint Place	mount
City State Zip Code	720.00
	ansaction ID : D601418 late of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 / 04 / 2016
Name of Federal Candidate Support Office So	ought: House District:
CORTEZ MASTO, CATHERINE, , ,	esident Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	840.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Date 10	09 2016
Signature	

PAGE

OF

Schedule E)	DENT EXICIO	TIOTILO	PAGE 6 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Working America Coalition			C C00620583
Check if 24-hour report 🗶 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mosaic			10 08 2016
Mailing Address 4801 Viewpoint Place			Amount
City	State	Zip Code	2520.00
Cheverly	MD	20781	Transaction ID : D601548 Date of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10
Name of Federal Candidate		✗ Support	Office Sought: House District:
CORTEZ MASTO, CATHERINE, , ,		Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	.,.,	15652.50	Disbursement For: ☐ Primary X General 2016 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mosaic			10 05 7 2016
Mailing Address 4801 Viewpoint Place			Amount
City	State	Zip Code	780.00
Cheverly	MD	20781	Transaction ID : D601197 Date of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10 05 2016
Name of Federal Candidate		x Support	Office Sought: House District:
CORTEZ MASTO, CATHERINE, , ,		Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		15652.50	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		3300.00
(1) OUDTOTAL (1) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
King, Crystal, , ,	[Electron	nically Filed] Date	10 09 2016
Signature			

Schedule E)		PAGE 7 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Working America Coalition		C C00620583
Check if 24-hour report 48-hour report New report	Amends report filed	on M M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Mosaic		10
Mailing Address 4801 Viewpoint Place		Amount
City State Zip	Code	240.00
)781	Transaction ID : D601315 Date of Disbursement or Obligation
Purpose of Expenditure Fliers	Category/ Type 004	10 06 7 2016
Name of Federal Candidate	✗ Support Office	e Sought: House District:
CORTEZ MASTO, CATHERINE, , ,	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	15652.50 Disbu 2016	rrsement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
		Amount
City State Zip	o Code	
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate	Support Office	e Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disb	General Other (consist)
		Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	·····	240.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	10290.00
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized co party committee) any political party committee or its agent.		
King, Crystal, , , [Electronical	7 77 7 77	0 09 2016
Signature		